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16562 U.S. PTOU.S. PTO  
10/10783867  
021904

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.		2507-5732.2US (21806-US-02)
First Inventor		Harvey et al.
Title	HIGH STRENGTH RUBBER FORMULATIONS, AND SHEAR PLY MADE FROM THE SAME	
Express Mail Label No.		EV325782638US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages 23]  
*(preferred arrangement set forth below)*
  - Descriptive title of the Invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 2]
- Oath or Declaration [Total Pages 1]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
*(for a continuation/divisional with Box 18 completed)*
  - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all necessary)*
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 C.F.R. §3.73(b) Statement  Power of Attorney  
*(when there is an assignee)*
11.  English Translation Document *(if applicable)*
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*
16.  Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: Copy of Power of Attorney, Revocation of Prior Power of Attorney, & Request to Change Correspondence Address

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation     Divisional     Continuation-in-part (CIP)

of prior application No: 10 / 107,594

Prior application information: Examiner N. Nutter

Group / Art Unit: 1711

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number	24247	<input type="checkbox"/> Correspondence address below
---	-------	---

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Tawni L. Wilhelm	Registration No. (Attorney/Agent)	47,456
Signature	<i>Tawni L. Wilhelm</i>		Date February 19, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**1202**

## Complete if Known

Application Number	To be assigned
Filing Date	February 18, 2004
First Named Inventor	Harvey et al.
Examiner Name	To be assigned
Art Unit	To be assigned
Attorney Docket No.	2507-5732.2US (21806-US-02)

## METHOD OF PAYMENT (check all that apply)

 Check    Credit card    Money    Other    None  
Order
 Deposit Account:Deposit Account Number  
**20-1469**Deposit Account Name  
**TraskBritt**

The Director is authorized to: (check all that apply)

- 
- Charge fee(s) indicated below
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- Credit any overpayments
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- Charge any additional fee(s) during the pendency of this application
- 
- 
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1001	2001	385	Utility filing fee
1002	2002	170	Design filing fee
1003	2003	265	Plant filing fee
1004	2004	385	Reissue filing fee
1005	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$ 770)	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	44	-20 **	= 24	X 18	= 432
Independent Claims	2	-3 **	= 0	X 86	= 0
Multiple Dependent	0			X	= 0

## Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 432)		

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

\*\* or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Tawni L. Wilhelm	Registration No. (Attorney/Agent)	47,456	Telephone	801-531-1922
Signature	<i>Tawni L. Wilhelm</i>		Date	February 19 2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.